## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850

7590

10/07/2010

## CUSTOMER NUMBER 22850

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Phereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| (Depositor's name |  |
|-------------------|--|
| (Signature        |  |
| (Date             |  |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/579,469      | 05/15/2006  | Yuriko Suzuki        | 291013US40PCT       | 3346             |

TITLE OF INVENTION: INNER FORCE SENSE PRESENTATION DEVICE, INNER FORCE SENSE PRESENTATION METHOD, AND INNER FORCE SENSE PRESENTATION PROGRAM

| FORCE SENSE PRESE  | ENTATION PROGRAM   |   | ·  |  | ,                        |            |
|--|--|---|--|--|--------------------------|------------|
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE                                       | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE         | DATE DUE   |
| nonprovisional   | NO   | \$1510  | \$300  | \$0  | \$1810                   | 01/07/2011 |
| EXAMINER ART UNIT  |  | CLASS-SUBCLASS                                      | ]  |  |                          |            |
| KETEMA   | , BENYAM   | 2629  | 345-156000   | •  |                          |            |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |  |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Oblon, Spivak,  2 McClelland, Maier  3 & Neustadt, L.L.P. |  |                          |            |
| PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI  | lless an assignee is ident<br>th in 37 CFR 3.11. Com<br>GNEE<br>ELEGRAPH A | ified below, no assignee pletion of this form is NO | THE PATENT (print or typedata will appear on the part a substitute for filing and (B) RESIDENCE: (CITY)  ONE CORPORA  Trinted on the patent):  | atent. If an assignee is ic<br>assignment.<br>and STATE OR COUNT | Tokyo,                   | JAPAN      |
| 4a. The following fce(s)  Solution Issue Fee  Publication Fee (I   |  | 41  | b. Payment of Fec(s): (Plea A check is enclosed. Payment by credit can The Director is hereby overpayment, to Depo   | ise first reapply any prev                                       | iously paid issue fee sh | own above) |
|  | atus (from status indicate   | •   |  | ger claiming SMALL EN  |                          |            |

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_\_

Date 1/5/1(

Typed or printed name James D. Hamilton

Registration No. Registration No. 28.421

This collection of information is required by 37 FR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.